

Employee's Name: _____ Employee ID#: _____
Termination Pay Period Ending: _____ Soc. Sec. No: _____

1. Last dependent child could lose eligibility for coverage due to turning 25.
2. Spouse could lose eligibility due to divorce;
3. For COBRA members, you or your spouse could gain other employment which offers health insurance, and lose eligibility for State COBRA benefits as a result, or
4. For retired members, you or your spouse could obtain employment which offers health insurance, so you no longer need State retiree benefits – including the possibility of re-employment with the State and regaining employee coverage.

- ✓ Complete the Employee Section of this Pre-Payment Option Form and return it to your agency
- ✓ Complete the Retiree Election Form and if eligible the Life Enrollment/Change Form

Month/Year	Medical	Dental	Vision	Basic Life	FSA	FSA Admin Fee	Total Premium
TOTALS:							